## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

DR. CESAR C. CARRIAZO

BLADE FOR A SURGICAL DEVICE AND SURGICAL DEVICE

## **CERTIFICATE OF EXPRESS MAIL**

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

For:

Enclosed for filing in the above case are the following documents:

Patent Application Transmittal Specification Claims 1-26 Abstract Drawings - Figs. 1-10c Patent Declaration (Unsigned) Filing Fee - \$439.00 - Check# **DHO81** ( Return Postcard

Womble Carlyle Sandridge & Rice, PLLC P.O. Box 7037 Atlanta, GA 30357-0037 (404) 872-7000 (Telephone) (404) 888-7490 (Facsimile)

Docket No.:

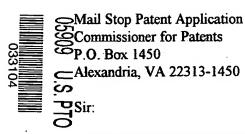
C259 1020.1

I hereby certify that all correspondences listed above are being deposited for delivery to the above addressee, with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated below:

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Transmitted herewith for filing is the patent application of

Inventor: DR. CESAR C. CARRIAZO
Title: BLADE FOR A SURGICAL DEVICE AND SURGICAL DEVICE

Enclosed are:

10 sheets of drawings.
An assignment of the invention to

Declaration For Patent Application (Unsigned)

A certified copy of a \_\_\_\_\_ application.

For:	Number Filed	Number Paid For	Number Extra	Rate	Total
Application				\$770.00/\$385.00	\$ 385.00
All Claims	26	- 20	= 6	\$18.00 / \$9.00	\$ 54.00
Independent Claims	2	- 3	= 0	\$86.00 / \$43.00	\$ 0.00
Assignment Filing Fee				\$40.00	\$ 0.00
Total Filing Fee:				,	\$ 439.00

 $\triangle$  A check in the amount of \$439.00 to cover the filing fee is enclosed.

Pursuant to 37 C.F.R. § 1.27, applicant hereby asserts small entity status.

The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. <u>09-0528</u>.

Respectfully submitted,

Louis T. Isaf

Attorney for Applicant

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March 31, 2004

Docket No.: C259 1020.1

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Date: